



County of San Diego

Department of Environmental Health
FOOD AND HOUSING DIVISION
858-505-6900 | 1-800-253-9933



MOBILE FOOD FACILITY ROUTE SHEET

Mobile Food Facility Name: _____ Permit #: _____ Contact Phone #: (____) _____

Vehicle Identification #: _____ License Plate #: _____ Contact Cell Phone #: (____) _____

Commissary Name: _____ Address: _____ Permit # _____
Street # Street Name City Zip Code

☐ For Mobile Carts stationed at a single location: My current approved location is: _____
Street # Street Name City Zip Code

☐ For Mobile Carts and Food Trucks operating at various locations list route stops below.

Check ☐ if you claim that your route information is a trade secret as defined in Civil Code sec. 3426.1 (To be a trade secret, the information must not be generally known to the public, and you must take precautions to protect the information in your day-to-day business.)

STOPS	DAY(S) Please check <input checked="" type="checkbox"/> below							TIME		STOP ADDRESS Street Number, Street Name, City, Zip Code (Note: If no address is available, provide the closest address to the stop)	STOP NOTES (Examples: Behind building, North side of lot)
	Sun	Mon	Tue	Wed	Thu	Fri	Sat	FROM	TO		
SAMPLE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		10 AM	1 PM	5500 Overland, San Diego, CA 92123	3-hr visitor parking lot
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											

I understand and agree that if I make any changes to my route or business location, I must notify the Food and Housing Division (FHD) within 30 days. Revised route information may be provided by Fax: 858-505-6848, E-mail: fhdpermits@sdcounty.ca.gov, in person to 5500 Overland Avenue, San Diego, CA 92123 or by U.S. Mail to P.O. Box 129261, San Diego, CA 92112-9261, Attn: FHD Mobile Food Inspection Program. Calendar locations posted on the Internet (downloadable) are acceptable. Failure to notify FHD of any changes may result in an administrative citation, suspension or revocation of the Health Permit issued to me to operate this Mobile Food Facility.

Owner Name (Print) _____ (Signature) _____ (____) _____
Cell Phone Number _____ E-mail Address _____@_____

Note to DEH staff: The telephone and email information listed above has been determined by County Counsel to be exempt from Public Records Act under Government Code Section 6254(c), to prevent an unwarranted invasion of personal privacy. This form should not be released without redacting that information. In addition, if the "trade secret" box has been checked, notify County Counsel if a Public Records Act request is received that applies to this route sheet.